GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:302
ANSWERED ON:19.02.2003
INCREASE IN POLIO CASES IN DELHI
GADDE RAMAMOHAN;M.V.V.S MURTHI

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the number of polio cases in the capital shot up to 24 in 2002 as compared to 2000;

(b) if so, the details thereof, alongwith the reasons for the same;

(c) whether the polio eradication programmes launched by the Government are not on the right track;

(d) if so, whether the Government have conducted any survey to find the reasons for increase in polio cases in and around Delhi; and

(e) if so, the corrective measures taken by the Union Government in this regard?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE AND PARLIAMENTARY AFFAIRS (SMT. SUSHMA SWARAJ)

(a) to (e) As against three cases in 2000, 25 polio cases were detected in Delhi in 2002. The reason for more polio cases in Delhi is the spill over of such cases from Uttar Pradesh.

The polio eradication programme launched by the Government is on the right track. The annual strategies for polio eradication are formulated and implemented by the Government on the basis of the recommendations of the India Expert Advisory Group (IEAG), a group of national and international experts. With the objective of interrupting the wild poliovirus transmission in the country, following activities have been recommended by IEAG for the year 2003-04:-

(i) Two rounds of Sub-National Immunization Day (SNID) rounds in the high-risk States of UP, Bihar, Delhi, Gujarat and Haryana and in parts of West Bengal, Rajasthan, Jharkhand and Madhya Pradesh in the period April to June 2003.

(ii) Two rounds of SNID rounds in the high-risk States of UP, Bihar, Delhi and Haryana and inhigh risk areas of other States as warranted by the epidemiological situation between September and November 2003.

(iii) Two rounds of National Immunization Day (NID) rounds in January and February 2004.

(iv) In high-risk States/areas, the house-to-house component should be at least 5 days. The booth andhouse-to-house component should be flexibly defined State by State to ensure maximum possible impact.

(v) Mopping up operations following detection of wild poliovirus from February 2003.

The polio eradication strategy for 2003-04 will be decided by the government keeping in view the advice of the IEAG and the prevailing epidemiological situation in the country.